PLEASANT VIEW NURSING HOME NORTH 3150 HWY 81

MONROE 53566 Phone: (608) 325-217	1	Ownership:	County
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	130	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	130	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	125	Average Daily Census:	123
***********	*****	********	**********

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis.	of Residents (1	12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					24.0 35.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	7.2	More Than 4 Years	24.8
Day Services Respite Care	No No	Mental Illness (Other)	7.2	•	9.6 26.4	İ	84.0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		 		Nursing Staff per 100 Resi	idents
Other Meals	No			65 & Over			
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender	용	RNs LPNs	13.6 5.7
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	50.5
Mentally Ill	Yes			Female	64.0	İ	00.0
Provide Day Programming for Developmentally Disabled	Yes	 	100.0	 	100.0	1	to do do do do do do do

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	2.2	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.6
Skilled Care	5	100.0	234	85	92.4	113	0	0.0	0	28	100.0	155	0	0.0	0	0	0.0	0	118	94.4
Intermediate				5	5.4	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		92	100.0		0	0.0		28	100.0		0	0.0		0	0.0		125	100.0

County: Green Facility ID: 7290 Page 2 PLEASANT VIEW NURSING HOME

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	6.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.6	Bathing	0.0		39.2	60.8	125
Other Nursing Homes	3.3 i	Dressing	7.2		36.0	56.8	125
Acute Care Hospitals			32.0		23.2	44.8	125
Psych. HospMR/DD Facilities			29.6		20.8	49.6	125
Rehabilitation Hospitals	0.7 i	Eating	64.0		12.8	23.2	125
Other Locations	10.6	******	*****	****	*****	******	*****
Total Number of Admissions	151 i	Continence		용	Special Treatmen	ts	왕
Percent Discharges To:	i	Indwelling Or Extern	al Catheter	2.4	Receiving Resp	iratory Care	8.0
Private Home/No Home Health	24.0	3		50.4	Receiving Trac	-	0.0
Private Home/With Home Health	16.0	Occ/Freq. Incontinen		31.2	Receiving Suct	-	2.4
Other Nursing Homes	0.0	· •			Receiving Osto	=	1.6
Acute Care Hospitals	8.7 i	Mobility			Receiving Tube	=	4.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	9.6	Receiving Mech	anically Altered Diets	31.2
Rehabilitation Hospitals	0.0	<u>.</u>			_	-	
<u> </u>	7.3 i	Skin Care			Other Resident C	haracteristics	
Deaths	44.0	With Pressure Sores		4.8	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		0.8	Medications		
(Including Deaths)	150 i				Receiving Psyc	hoactive Drugs	69.6

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gov	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8 8		Ratio	8	Ratio	tio %	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.6	87.6	0.98	84.0	1.02	84.0	1.02	87.4	0.98
				80.7	1.02	76.2	1.12	76.7	1.12
Current Residents from In-County	85.6	77.0	1.11						
Admissions from In-County, Still Residing	26.5	25.0	1.06	21.5	1.23	22.2	1.19	19.6	1.35
Admissions/Average Daily Census	122.8	107.5	1.14	135.6	0.91	122.3	1.00	141.3	0.87
Discharges/Average Daily Census	122.0	108.9	1.12	137.2	0.89	124.3	0.98	142.5	0.86
Discharges To Private Residence/Average Daily Census	48.8	48.3	1.01	62.4	0.78	53.4	0.91	61.6	0.79
Residents Receiving Skilled Care	96.0	93.7	1.02	94.8	1.01	94.8	1.01	88.1	1.09
Residents Aged 65 and Older	92.8	88.4	1.05	94.5	0.98	93.5	0.99	87.8	1.06
Title 19 (Medicaid) Funded Residents	73.6	66.9	1.10	71.9	1.02	69.5	1.06	65.9	1.12
Private Pay Funded Residents	22.4	18.9	1.19	17.4	1.29	19.4	1.15	21.0	1.07
Developmentally Disabled Residents	0.8	0.5	1.66	0.6	1.37	0.6	1.26	6.5	0.12
Mentally Ill Residents	41.6	46.3	0.90	31.8	1.31	36.5	1.14	33.6	1.24
General Medical Service Residents	22.4	16.7	1.34	21.1	1.06	18.8	1.19	20.6	1.09
Impaired ADL (Mean)	60.5	47.8	1.26	47.6	1.27	46.9	1.29	49.4	1.22
Psychological Problems	69.6	63.4	1.10	57.6	1.21	58.4	1.19	57.4	1.21
Nursing Care Required (Mean)	6.6	7.3	0.90	7.8	0.85	7.2	0.92	7.3	0.90